

County: Brown
SANTA MARIA NURSING HOME

Facility ID: 8060

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430 SOUTH CLAY STREET
GREEN BAY 54301

Phone: (920) 432-5231

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 59

Total Licensed Bed Capacity (12/31/00): 59

Number of Residents on 12/31/00: 48

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Average Daily Census:

Corporation

Skilled

No

Yes

51

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)	
		Primary Diagnosis	%	Age Groups	%		%
Home Health Care	No					Less Than 1 Year	33.3
Supp. Home Care-Personal Care	No					1 - 4 Years	47.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	8.3	More Than 4 Years	18.8
Day Services	No	Mental Illness (Org./Psy)	27.1	65 - 74	4.2		
Respite Care	No	Mental Illness (Other)	10.4	75 - 84	20.8		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50.0	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	16.7	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.1			Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	4.2		100.0	(12/31/00)	
Other Meals	No	Cardiovascular	25.0	65 & Over	91.7		
Transportation	No	Cerebrovascular	14.6			RNs	14.5
Referral Service	No	Diabetes	2.1	Sex	%	LPNs	10.5
Other Services	No	Respiratory	2.1			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	12.5	Male	37.5	Aides & Orderlies	
Mentally Ill	No			Female	62.5		39.0
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other			Private Pay		Managed Care			Total	Percent Of All Residents	
	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%			Per Diem Rate
Int. Skilled Care	0	0.0	\$0.00	1	4.0	\$103.11	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	2.1%
Skilled Care	5	100.0	\$228.50	23	92.0	\$87.12	0	0.0	\$0.00	18	100.0	\$125.00	0	0.0	\$0.00	46	95.8%
Intermediate	---	---	---	1	4.0	\$71.13	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	2.1%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	5	100.0		25	100.0		0	0.0		18	100.0		0	0.0		48	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Percent Admissions from:						
Private Home/No Home Health	7.6	Bathing	6.3	35.4	58.3	48
Private Home/With Home Health	2.5	Dressing	14.6	60.4	25.0	48
Other Nursing Homes	3.8	Transferring	25.0	56.3	18.8	48
Acute Care Hospitals	86.1	Toilet Use	16.7	60.4	22.9	48
Psych. Hosp. -MR/DD Facilities	0.0	Eating	35.4	52.1	12.5	48
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.0	Continence		%	Special Treatments	%
Total Number of Admissions	79	Indwelling Or External Catheter	10.4		Receiving Respiratory Care	12.5
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	45.8		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	5.7	Occ/Freq. Incontinent of Bowel	33.3		Receiving Suctioning	4.2
Private Home/With Home Health	27.6	Mobility			Receiving Ostomy Care	0.0
Other Nursing Homes	9.2	Physically Restrained	2.1		Receiving Tube Feeding	6.3
Acute Care Hospitals	8.0	Skin Care			Receiving Mechanically Altered Diets	14.6
Psych. Hosp. -MR/DD Facilities	1.1	With Pressure Sores	8.3		Other Resident Characteristics	
Rehabilitation Hospitals	0.0	With Rashes	0.0		Have Advance Directives	0.0
Other Locations	9.2				Medications	
Deaths	39.1				Receiving Psychoactive Drugs	45.8
Total Number of Discharges (Including Deaths)	87				*****	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	Ownership:		Bed Size:		Licensure:		All	
	This Facility	Peer Group	50-99	Peer Group	Skilled	Peer Group	Facilities	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	86.4	82.5	1.05	87.3	0.99	84.1	1.03	84.5
Current Residents from In-County	95.8	83.3	1.15	80.3	1.19	83.5	1.15	77.5
Admissions from In-County, Still Residing	17.7	19.9	0.89	21.1	0.84	22.9	0.77	21.5
Admissions/Average Daily Census	154.9	170.1	0.91	141.8	1.09	134.3	1.15	124.3
Discharges/Average Daily Census	170.6	170.7	1.00	143.0	1.19	135.6	1.26	126.1
Discharges To Private Residence/Average Daily Census	56.9	70.8	0.80	59.4	0.96	53.6	1.06	49.9
Residents Receiving Skilled Care	97.9	91.2	1.07	88.3	1.11	90.1	1.09	83.3
Residents Aged 65 and Older	91.7	93.7	0.98	95.8	0.96	92.7	0.99	87.7
Title 19 (Medicaid) Funded Residents	52.1	62.6	0.83	57.8	0.90	63.5	0.82	69.0
Private Pay Funded Residents	37.5	24.4	1.54	33.2	1.13	27.0	1.39	22.6
Developmentally Disabled Residents	0.0	0.8	0.00	0.7	0.00	1.3	0.00	7.6
Mentally Ill Residents	37.5	30.6	1.22	32.6	1.15	37.3	1.01	33.3
General Medical Service Residents	12.5	19.9	0.63	19.2	0.65	19.2	0.65	18.4
Impaired ADL (Mean)	55.0	48.6	1.13	48.3	1.14	49.7	1.11	49.4
Psychological Problems	45.8	47.2	0.97	47.4	0.97	50.7	0.90	50.1
Nursing Care Required (Mean)	5.7	6.2	0.93	6.1	0.94	6.4	0.89	7.2